

Instructions: Please return this **original** form along with the first year licensing fee of **\$1,000.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

| | | |
|--|-------------------------|-------------------|
| MISSOURI DIVISION OF FINANCE Renewal Application for Title Loan License | OFFICE USE ONLY | |
| | TL – ____ – ____ | Rec# _____ |
| | Check No. _____ | Amount: \$ _____ |
| | Date: _____ | Initials: _____ |

****IF NOT RENEWING** – Please check, provide appropriate information, and return to the above address.

☐ Ceased lending activities ☐ Closed location ☐ Sold to: _____

Information EXACTLY as it appears on current license:

Company Name: _____

License Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

County (MO only): _____

☐ Please check if above Licensed Location information is correct.

☐ Check if above Licensed Location information is changed or incorrect and enter correct information below:

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **County (MO only):** _____

| | | | |
|---|--------------------------------|--------------------------|----------------------|
| Hours of Operation: | | | |
| Contact Person for Licensing/Renewal Issues: | Name/Title: _____ | | |
| | Mailing Address: _____ | | |
| | City/State/Zip: _____ | | |
| | Telephone: () _____ | Fax: () _____ | E-Mail: _____ |
| Person to Receive Examination Reports: | Name/Title: _____ | | |
| | Mailing Address: _____ | | |
| | City/State/Zip: _____ | | |
| | Telephone: () _____ | Fax: () _____ | E-Mail: _____ |
| Contact Person for Consumer Inquiries/ Complaint Issues: | Name/Title: _____ | | |
| | Mailing Address: _____ | | |
| | City/State/Zip: _____ | | |
| | Telephone: () _____ | Fax: () _____ | E-Mail: _____ |

BUSINESS FINANCIAL STATEMENT

BUSINESS NAME
OF APPLICANT/LICENSEE _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF PREPARER _____

BALANCE SHEET

AS OF

| ASSETS | | LIABILITIES AND CAPITAL | |
|-----------------------------------|--------|-------------------------------|--------|
| DESCRIPTION | AMOUNT | DESCRIPTION | AMOUNT |
| Cash | | LIABILITIES | |
| Bank Accounts | | | |
| Investments | | | |
| Loans Receivable | | TOTAL LIABILITIES | |
| Furniture, fixtures and equipment | | Equity Capital or Net Worth | |
| Other Assets | | | |
| TOTAL ASSETS | | TOTAL LIABILITIES AND CAPITAL | |